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Review Article

ABHAYANGA- MANEUVER FOR SUKHPRASAVA

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Abstract-

Abhyang /Mardan (Massage) used to be one of the widely used labor management practice by doulas, midwives and traditional birth attendants for comforting and reassuring the patient in labor, since the time immemorial, to relieve them of pain and fatigue. In recent years, with more emphasis on hospital setting based labor & delivery and increased use of various oxytocic and analgesic drugs as gold standard practice in the labor management, this non-pharmacologic treatment disappeared. *Abhyanga* is a time tested art and science of comforting the pain and fatigue and

has been enlisted as one the labor management practice in *Bṛhat-Trayī*. *Acharya Charak in Sharir sthana* categorically mentioned its application with body sites. It is mentioned to help in

the descent of the fetus and ease the parturition. *Abhyanga* is mentioned to make tissues pliable and soft thereby increasing the tissue compliance and helps in *vayu anuloman*.

There is no dearth of scientific evidence which validate *ayurveda's* claims of effectiveness of massage or *abhyang* as a non-pharmacologic measure to ease the labor and delivery. Many scientific studies vouch for analgesic, anxiolytic, stress relieving, oxytocic effects of massage / *abhyanga*, resulting into the easy vaginal delivery with lesser complications to both mother and child in a more natural way only aiding the physiologic process of parturition. This paper purports to review and validate the benefits of *abhyanga* in commencement of *Sukhprasava* in the light of the available scientific evidence and fill the research gap as there are very limited studies available in this niche area of *ayurveda* which can change the direction of *Sukhprasava*.

Introduction:

Sukhprasava, natural, spontaneous, uncomplicated parturition is the aim and outcome of a well designed and well complied *Garbhini Paricharya* i.e. Ante natal care program which includes both the ante-natal as well as intra-natal care. *Sukhprasava* is the natural culmination of the process of parturition and enhanced birthing experience which is less distressing to both mother and fetus. Labor is a painful and tiring process for the fetomaternal unit and distress at any point of time in the course of this journey may lead to various unwanted and serious complications. Fatigue and pain during the process of labor sometimes become so distressing for the parturient woman who is already stressed by the burden of pregnancy that she becomes labile to get exhausted and non-cooperative

during labor. To relieve the pain, fatigue and exertion of the process of labor and to invigorate and stimulate the parturient woman during the process of labor, massage therapy remained mainstay non-pharmacologic intervention since the time immemorial. *Ayurveda*, the ancient health wisdom propagates the liberal use of Massage or *Abhyanga* during the process of labor. In many ancient civilizations including India, China and Japan, intrapartum massage was the part of labor and delivery protocol (Monroe, 2019), which however became extinct with the increasing influence of pharmacologic interventions of conventional westernized medicine. The modern labor and delivery management relies very much upon the pharmacological agents i.e. oxytocic agents, analgesic and anesthetic agents for making labor, quicker,

predictable and less painful or distressing. In today's scenario, when Government is emphasizing on institutional deliveries, in the busy labor rooms there is no time and skilled human resources for massage therapy.

All the classical treatise of Ayurveda adored and prescribed *Abhyanga* as a health enhancing activity which must be included in daily health regimen *i.e. Dincharya* (Ca. Su. 5/85-92). *Abhyanga* or Massage therapy is enlisted as the *Bahi Parimarjan Aushadh* *i.e.* External therapeutic modality (Ca. Su. 11/55) and it is prescribed to be as one of the foremost therapeutic application in the management of *Vata* predominant disorders (Ca. Su. 20/13). As it is clear that *Prasava*, labor and delivery is the process coordinated and controlled by *Apana vata* (Ca. Ch. 28/11), *Abhyanga* is prescribed in various classical treatise of Ayurveda as a measure to comfort the parturient woman and the fetus, while augmenting the natural course of delivery of the baby.

Additionally, there is no dearth of compelling evidence in the modern research highlighting the various benefits of massage therapy during the labor including reduction in time duration of first and second stage of labor, likelihood of undergoing a cesarean section due to non-progressive labor or maternal distress, pain and anxiety, enhancing the birthing experience and various other perinatal outcomes. There is an obvious absence of

studies on the application of *Abhyanga* during labor in *Ayurveda* journals and scientific publications. This paper will review the therapeutic relevance of *abhyanga* during labor in the light of references from classical treatise of *Ayurveda vis a vis* modern evidence of benefits of massage therapy during the labor.

Materials and Methods: Review of *Bruhatrayee* *i.e.* *Charak Samhita*, *Sushruta Samhita*, *Ashtang Hrudya Sutra sthana*, *Chikitsa sthana and Sarira Sthana* for the relevant references of *Abhyanga* and *Prasav*. Literature review of modern relevant research studies on the effect of massage on physiology and biochemical milieu of human body, effect of massage during labor, practice guideline regarding application of massage in obstetric cases etc. from various medical research databases like Google scholar, Pubmed, Scopus, internet based journals, websites and textbooks. The classical indications of *Abhyanga* are analyzed in the light of recent research evidence.

Defining *Abhyanga*: *Abhyanga* is enlisted in the context of *Dincharya*, as one of the essential daily personal health enhancing activity with multiple health benefits which transcends from head to the toe. In various Sanskrit dictionaries like *Sabda Kalp Druma and Vachaspatyam*, *abhyang* in common parlance is known as Oil massage.

Etymologically, the word “*Abhyanga*” is derived from word root ‘*anj*’ means to anoint or smear oil or ghee, *abhi* is a prefix meaning around or towards the body or body parts. *Abhyanga* is highlighted as a process through which the effect of medicament through the action of *mardana* becomes far reaching thereby transferring the health benefit from outside to inside of

the body and from one part of the body to the other. *Bruhtrayee*, the three major classical treatise of *Ayurveda* advocated the use of *abhyang* and enlisted various generalized and local effects of the *Abhyanga* and prescribed the same with the onset of labor , which is demonstrated as following:

Table No: 1 Clinical Effects of *Abhyanga*, as per *Samhita*:

<i>Charaka</i> (Ca. Su. 5/ 85-92)	<i>Sushruta</i>	<i>Vagbhatta</i> (A.Hr. Su. 2/8)
<i>Drudhta</i> - Agility and Strength of the tissues	<i>Doshopshaman</i> - <i>Vata</i> and <i>Kapha</i> modulating effect. (Su. Chi.1/19)	<i>Jarahar</i> - Regenerative and slows down degeneration.
<i>Klesh Shatava</i> - Resilience and Compliance of tissues	<i>Mruduta</i> - Softening of the hard tissues, increasing the tensile strength. (Su. Chi.1/19)	<i>Shramhar</i> - Anti fatigue
<i>Prashant Marut Aaabadh</i> - <i>Vata</i> modulating effect	<i>Dhatu Pushti</i> - Nourishes the deeper <i>dhatu</i> s by promoting the circulation of nourishing fluid as well as the medicament. (Su. Chi.24/30)	<i>Vaat har</i> - <i>Vata</i> modulating/ Pacifying effect
<i>Klesh, Vyayam Samsaha</i> - Stress and strain tolerance	<i>Mruja, Bala, Varna Prada</i> - Hygiene Promoting, Strength and complexion enhancer. Su. Chi.24/30)	<i>Sutwak</i> - Skin enhancing effects
<i>Twachya</i> - Tactile stimulant as well as skin protector.		<i>Dadhuryakrut</i> - Promoting skin strength and compliance
<i>Abhighaat/Vrana Protection</i> : Increased tissue strength, compliance and resilience specially during strenuous		

activities.		
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Table No. 2 Use of *Abhyanga* during the process of Labor, as per *Bruhtrayee* :

<i>Reference Text</i>	<i>Timing of Massage</i>	<i>Procedure</i>	<i>Benefit</i>
<i>Charaka Samhita Chakrapani datta Commentary (Ca. Sa. 8/38)</i>	<i>Prajanana Kala, aavi pradurbhaave</i>	Intermittent and comforting (stroking) massage with luke warm oil in the loin, lower back, flanks, thighs and legs.	It helps in the fetal descent
<i>Sushruta Samhita With Dalhana Commentary (Su. Sa. 10/8)</i>	<i>Upasthit Prasava, Prasava Vedana</i>	Oil Massage	-
<i>Ashtang Hrudya With Arundatta Commentary (A.Hr. Sa.77-80)</i>	<i>Upasthit Garbha, aavinaam janam, garbodak sruti</i>	Oil massage when the parturient is in supine position with both thighs flexed on the knees, intermittent stroking massage in the suprapubic region. When perineum is distended with the advancing fetal head and frequency and strength of aavi is increased, then vaginal massage (Perineal massage) should be done.	It helps in the descent of the fetus.

Review of Literature:

It is a well established fact that uterine contractions pain evokes a generalized neuro-endocrinal stress response with widespread physiological effects including increased oxygen consumption, increased

cardiac output, systemic peripheral resistance and blood pressure, impaired uterine contractility and diminished uterine perfusion (Brownridge, 1995). From Physiological point of view, massage is found to increase oxytocin and decreases adrenocorticotropin (Morhenn V, 2012).

Massage therapy does effect the biochemical milieu of the cells, it decreases the cortisol levels (stress hormone) and increases the levels of serotonin and dopamine (Pleasure hormones) which establish the stress alleviating effect and activating effect of massage therapy during stressful experiences (Tiffany Field, 2005). There are several prevalent theories which explains the effect of massage during labor which includes the gate theory of pain reduction, promotion of increased levels of oxytocin and alterations of stress hormones and neurotransmitter levels (Trish Dryden, 2012). Massage therapy is found to cause stimulation of pressure receptors, in turn enhancing vagal activity and reducing cortisol levels (Field T. , 2016). As far the application of massage therapy during labor is concerned, it is included in the non-pharmacologic intervention during the first stage of labor, as per the international obstetric guidelines (Obstetrics, 2017). Massage during transition phase of labor is effective in reducing labor pain during latent, active and transition phase of the labor (Ranjbaran M, 2017). Massage can be used for decreasing pain, shortening delivery time and increasing satisfaction with the birth experience (Unalmis Erdogan, 2017). Back massage is considered to be an effective pain management approach during first stage of labor (Abdul-Sattar Khudhur Ali S, 2018). Warm compresses and massage may be reduce third and fourth

degree tears. (Aasheim V1, 2017). Massage therapy has been found to have a potential to reduce the epidural exposure during the labor and decrease the rate of associated sequelae (School of Population and public health et al., 2012). Massage can effectively decrease labor pain intensity at Phase 1 and Phase 2 of the cervical dilation and can be considered as a good relieving pain measure during labor (Chang MY, 2006). It is observed in a study on the laboring women, that women who received massage experienced comparatively less pain and their labor duration was on average 3 hours lesser than that of their counterparts. These women also received lesser medication (Field, 2010). Another study on parturient women showed that massage therapy during labor will lead to shortening of the first and second stage duration and improve Apgar scores at the first and fifth minutes. By shortening the duration of labor, pregnant women tend to have more normal vaginal delivery. (Bolbol-Haghighi N, 2016). Perineal massage is found to be effective in reducing the size of episiotomy and the rate of lacerations (Karaçam Z, 2012). There is ample modern medicine literature on use of massage during labor, but literature on the use of *abhyanga* for *sukhprasava* in ayurveda journals is very limited or negligible. There is a single study on the use of *Pizhicil (Sarvang Dhara)* in *Sukhprasava* where in parturient women were subjected to *sarvangdhara* of *Ksheer*

Bala Tailam 101 and *Abhyanga* used only as *Purvakarma*.

Discussion:

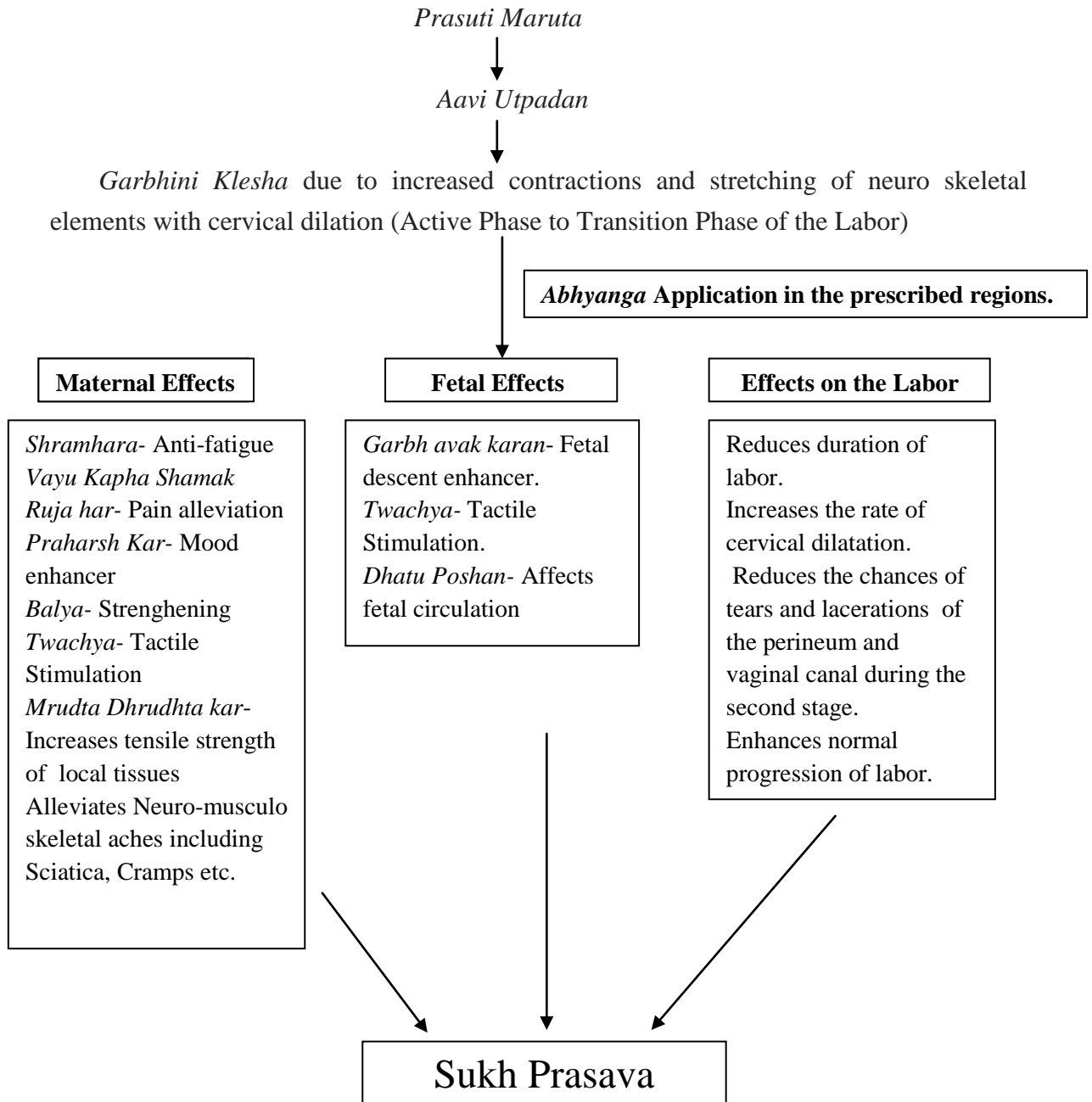
From the review of all the three major *Samhita* text, it is quite evident that massage during labor must be instituted when there is well established pattern and frequency of uterine contractions. In *Charak Samhita*, *Abhyanga* is prescribed when the parturient becomes afflicted with *aavi* (सौ चेदाविभिः संक्लिश्यमाना. In *Sushruta Samhita*, *abhyanga* is mentioned when there is continuous and frequent uterine pains and similar reference for *Ashtang Hrudyā*.

This corresponds to the last phase of the active phase of first stage of labor when dilatation progresses from 8 to 10 cm. It is the most painful period for the parturient woman as it is marked by stronger, more painful and more frequent uterine contractions, pressure on the rectum and a strong urge to contract the abdominal muscles (Susan Scott Ricci, 2009). This phase might also include backache, increased apprehensions and irritability, restlessness, inability to relax, feeling of loss of control and being overwhelmed, in this scenario *Abhyang* can be of great importance and it increases the stress and strain bearing capacity of the parturient woman by calming her and relieving her of the pain. The effect of *Abhyanga* is *vata* modulating, which help in coordinating and

controlling the *Prasuti Maruta*, causing the proper channelizing of the force of *Vayu*, which led to the descent of the fetus and dilatation of the cervix. Due to its *Twachya* function, it provides tactile stimulation to both the mother and fetus and invigorates them. Its *Shramhar* property makes it to rejuvenate the parturient woman from the fatigue of the labor pain. Due to its *Mrudu*, *Drudhta kar*, *Jarahar*, *Dhatu Pushtikar*, *Abhyanga* increases the local nutrition and circulation of all the tissues of birth canal making it soft, pliable and compressible, this explains the *Abhighaat har* property of *Abhyanga*. As we have discussed above that Massage therapy especially perineal massage may reduce the size of episiotomy. This offers the explanation that *Abhyanga* can make tissues so resilient and stress bearing that there is less chances of tears and lacerations. *Abhyanga* and its health benefits have been largely discussed in *Sutrasthana* and minimally discussed in the context of labor. It might be due to fear of repetition that *Acharya* just mentioned *Abhyanga* in the context of labor. *Samhita* texts also delineates the scheme of *Abhyanga* with respect to timing, site of application, technique and frequency, [Table no.2].

The modern research evidence also point towards the same evidence on varying degrees which establish the clinical applicability of *Abhyanga* for *Sukh Prasava*. Ayurveda should take a lead in propagating *Abhyanga* as a non-pharmacologic modality

for augmentation of labor and an optimal birth experience.



Conclusion: It is evident from the above findings that *Prasava* is a stressful event in the life of a woman which is marked with

pain, fatigue and exhaustion. *Abhyanga* as described in *Ayurveda* texts offers a great degree of Physical, Mental and Emotional

relief to the parturient woman and enhance the birthing experience. Massage therapy is widely used in the foreign delivery suites but it is yet to find its respective phase in Indian labor rooms, as it used to be a revered practice of labor and delivery protocol in

ancient times. *Samhita* texts already present an outline of use of *Abhyanga*, all we need is an organized research on this wonderful modality and its effect on various labor outcomes.

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